2015 · 07 · 28 · 08 · 00014058

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 JUL 28 AM 9: 26

Office Use Only

						Onice dae Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, the lines.	type	12FE4M5		
L. URBAN, PI	logness,	POLITICAL	ACTI	19N (pmpy	FIEE	لىبى
1 1 1 1 1 1 1 1 1			1 1 1 1 1		1 1 1.1.		1
ADDRESS (number and street)	P.,	9. BOX.	257		1.1.1.		
V	1	11111	1 1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1 1	1
Check if different than previously reported. (ACC)	WALT	er Boro		يا لـــ	SC 13	294 <i>8</i> 8	
2. FEC IDENTIFICATION N	IUMBER ♥	CITY A		ST	ATE A	ZIP CO	DE A
CO0.5286	6.1]	3. IS THIS REPORT	NET (N)	W OR	AME (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	Ma	y 20 (M5)	Aug 2	0 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	•	1 20 (M6)	lland reso	0 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Apr 20 (M4)	,, ; Jul	20 (M7)	Oct 20) (M10)	Jan 31 (YE)
	(c) 12-Da	·	Primary (12P)	D	General (1	2G)	Runoff (12R)
Quarterly Report (October 15	(Q2) Report	Election t for the:	Convention (12	c) [Special (12	2S)	
Quarterly Report (January 31 Year-End Report (Election on		- Tes		in the State o	
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST	-Election	General (30G)		Runoff (30	R)	Special (30S)
Termination Repor (TER)		t for the: Election on	M-7M /			in the State o	
5. Covering Period	3 3 1	2015	through	06	30	2015	
I certify that I have examined to Type or Print Name of Treasur	Do	he best of my know	• • • •	lief it is true, URRA		complete.	
Signature of Treasurer	Bridge	tA:	Mu	Maya		' [1 <u>4</u>]' '	2015
NOTE: Submission of false, erro	neous, or incomplete	information may su	bject the persor	n signing this	Report to the	penalties of 52	U.S.C. § 30109
Office Use Only						FEC FOR Rev. 12/20	

2015 07 28 03 00014059

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name	POLITICAL ACTION CON	n Am TTEE
Report Covering the Period: From:		o: [66 / 30 / 2015]
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	·	
(b) Cash on Hand at Beginning of Reporting Period	[,,0,0,0,0]	
(c) Total Receipts (from Line 19)		
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	0000	
7. Total Disbursements (from Line 31)	0,0,0,0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	(
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0000	
This committee has qualified as a mul	ticandidate committee. (see FEC FORM 1M)	·
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name URBAN PROGRESS POLITICAL ACTION COMMITTEE

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		L
	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0000	0000
	(,		
	(ii) Unitemized		0000
	(iii) TOTAL (add	2000	0000
	Lines 11(a)(i) and (ii)▶		
	(b) Political Party Committees	0000	0000
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	0000	0000
12.	Transfers From Affiliated/Other		
	Party Committees	0000	0000
13.	All Loans Received		<u> </u>
4.4	Loop Demographs Received	0000	0000
	Loan Repayments Received Offsets To Operating Expenditures		
10.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0000	0000
16.	Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	0000	7707
17.	Other Federal Receipts		
•••	(Dividends, Interest, etc.)	0000	0000
18.	Transfers from Non-Federal and Levin Fund	s Carana and the second	
	(a) Non-Federal Account	1 AAA	7777
	(from Schedule H3)		
	(h) Lovin France (from Cohodule 115)	0000	000
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfers (add 18(a) and 18(b))	0000	0000
10	Total Receipts (add Lines 11(d),	السيدانية السيدانية السيدانية المسادية المسادية المسادية المسادية المسادية المسادية المسادية المسادية المسادية	
13.	12, 13, 14, 15, 16, 17, and 18(c))▶	0000	0000
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0000	0000

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 COLUMN A **COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 000 000 Federal Share (ii) Non-Federal Share..... (b) Other Federal Operating 000 Expenditures (c) Total Operating Expenditures 0000 (add 21(a)(i), (a)(ii), and (b)) . 22. Transfers to Affiliated/Other Party Committees...... Contributions to Federal Candidates/Committees and Other Political Committees. 24. Independent Expenditures 0000 0,000 26. Loan Repayments Made..... 000 27. Loans Made......28. Refunds of Contributions To:
 (a) Individuals/Persons Other 0000 Than Political Committees 0000 (b) Political Party Committees .. (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..........▶ 29. Other Disbursements 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) 0000 (i) Federal Share ... (ii) "Levin" Share...... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	6000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
34.	Total Contribution Refunds (from Line 28(d))	[
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	0000	0000
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0000	2000
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0000	0000
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	6000	0000

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE OF
TEMIZED RECEIPTS		for each category of the	(check only one)
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S	tatements m	ay not be sold or used by any pe	-
or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	- Ω.		
/ UKBAN PROSCE	ss po	LITICAL ACTIO	V COMMITTEE
Full Name (Last, First, Middle Initial)			
AMailing Address			Date of Receipt
Mailing Address			M-M / D-D / Y-Y-Y
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing tederal political committee.	C		
Name of Employer	Occupation		
rigino or employor	Coopelior	,	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			
Other (specify)	<u> </u>	-J\	
Full Name (Last, First, Middle Initial)			
B			Date of Receipt
Mailing Address			MIM / DWO] / YWWWY
City	State	Zip Code	
			Amount of Each Receipt this Period
FEC ID number of contributing	C		
federal political committee.	عدالكا		
Name of Employer	Occupation	1	
Receipt For:	A =====4=	V	
Primary General		Year-to-Date ▼	3
Other (specify) ▼		<u> </u>	
Full Name (Last, First; Middle Initial)			
C		· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Manual Address			My M / Done / Tanana
City	State	Zip Code	[Married Married Marri
EEO ID aaraba (a tita ii			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation	1	
Table of Employee	Josephilo	,	
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General			
Other (specify) ▼	<u>L</u>		1
	··· <u></u> ,·		
SUBTOTAL of Receipts This Page (optional)			
			2000

SCHEDULE B (FEC Form 3X)			15.05
•	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) 22 23 24 25 26
	Detailed Summary Page	270	22 23 24 25 26 28a 28b 28c 29 30b
			<u> </u>
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (in Full)			
URBAN PROGRESS	POLITICAL ACT	TON C	MMITTEE
Full Name (Last, First, Middle Initial)			
1.			Date of Disbursement
Mailing Address			Mum / Dud / Ywysys
City	State Zip Code		
Pumosa of Dishursement			
Purpose of Disbursement	5		Amount of Each Disbursement this Period
Candidate Name			August of Fact Dispursement and Lendard
- -		Category/ Type	
Office Sought: House Disbursen	nent For:	.,,,,,	
* H - 1	Primary General	ļ	
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
			LWAW \ LODO] \ [AAAAAA
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Catacom '	Autorit of Front Sisparacticity and Legisland
		Category/ Type	
Office Sought: House Disbursen	nent For:		
Senate	Primary General		
President	Other (specify)	į	
State: District:	·		
Full Name (Last, First, Middle Initial)			
j.			Date of Disbursement
Mailing Address			M.W. \ LO. O. \ \ LAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Mailing Address			المحصصا المعطا المصا
City	State Zip Code		
Purpose of Disbursement	T i		
Condidate Namo			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disburser	nent For:	Туре	
Senate	Primary General		
President	Other (specify)		·
State: District:	v-e -=nJI ▼		
	**		
SUBTOTAL of Disbursements This Page (optional)			0000
TOTAL This Period (last page this line number only)		·····	

SCHEDULE C (FEC Form 3X) LOANS

DANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (IN FUIL) URBAN PROBRESS	POLITICAL 1	ACTION COMMITTE	TEE
LOAN SOURCE Full Name (Last, First,			lection: Primary General
Mailing Address			Other (specify)
City	State ZIP	Code	
Original Amount of Loan	Cumulative Payment		Outstanding at Close of This Period
TERMS Date Incurred	Date D		Secured:
List All Endorsers or Guarantors (if any	/) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	e ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option			0000
TOTALS This Period (last page in this line		1000	
Carry outstanding balance only to LINE 3,	Schedule D. for this line	. If no Schedule D. carry forwar	d to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			
NAME OF COMMITTEE (In Full)		FEC	IDENTIFICATION NUMBER
URBAN PROGRESS POLITICAL ACTI	ON COMMITTE	C	00528661
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name		_,• ~	 %
Mailing Address	Date Incurred or Established	MVM	
City State Zip Code	Date Due	ليميا	
A. Has loan been restructured? No Yes	If yes, date originally incurred		/ O O / Y . Y . Y . Y
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:		
C. Are other parties secondarily liable for the debt incurr No Yes (Endorsers and guarantors me	ed? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other	deposit, chattel papers,		value of this collateral?
No Yes If yes, specify:		Does the le	ender have a perfected security
E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes,	· -		estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
W-W / LOCO / LAAAAAA	City, State, Zip:		-,
	··		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan			
G. COMMITTEE TREASURER	······································	DATE	······································
Typed Name Signature		- (MM	/ [DVD] / [VVVVVV]
H. Attach a signed copy of the loan agreement.			
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above.			i
The loan was made on terms and conditions (in similar extensions of credit to other borrowers o III. This institution is aware of the requirement that	f comparable credit worthiness. a loan must be made on a basis	which assu	ires repayment, and has
complied with the requirements set forth at 11 C	CFR 100.82 and 100.142 in makin	7	
Typed Name		DATE	, [[]
Signature Ti	tle		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF

FOR LINE NUMBER:
(check only one) 9

-xcidaing	Lyans		l numi	bered line)	10
NAME OF	COMMITTEE (In Full)				
URI	BAN PROGRESS POL	ITICAL ACTION COI	non	TILE	
A. Full	Name (Last, First, Middle Initial) of Debt	or or Creditor		Nature of Debt (Purpose)	
Mailing	Address				
-		7:- 0-1-			
City	State	Zip Code			
Outst	tanding Balance Beginning This Period			1	
L					
;===\;	Amount Incurred This Period	Payment This Period		Outstanding Balance at	Close of This Period
<u></u>		Land and the state of the state	<u></u>		<u>, , , , , , , , , , , , , , , , , , , </u>
B. Full (Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose)	
	•				
Atoiling	Addrono				
walling	Address				
City	State	Zip Code	_		
			· · · · · ·		
	tanding Balance Beginning This Period				
	Amount Incurred This Period	Payment This Period		Outstanding Balance at	
)				, , , , , , , , , , , , , , , , , , ,
<u> </u>		<u> </u>	<u> </u>		(<u>)</u>
C. Full	Name (Last, First, Middle Initial) of Deb	tor or Creditor	•	Nature of Debt (Purpose)	:
ł					
Mailing	Address				
City		State Zip Code			
l ony		Claic Zip Code			
Outst	tanding Balance Beginning This Period			I	
		Daymont This Desire		O. 4-4	Observed Table Desired
.	Amount Incurred This Period	Payment This Period		Outstanding Balance at	Close of This Period
1			<u>\</u>		<u></u>
1) SUBT	OTALS This Period This Page (optional)		▶		0000
0) 505	O This Double Head are a state than				0000
2) TOTAL	LS This Period (last page this line number	er only)	>		
3) TOTAL	L OUTSTANDING LOANS from Schedule	C (last page only)	▶		0000
					7000
4) ADD 2	and 3) and carry forward to appropriate	e line of Summary Page (last page o	nlv) 🕨	1	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

-		FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
- (IRBAN PROGRESS POLITICAL ACTION COMM	177EE COO 5 28 6 6 1
Ch	eck if 24-hour report 48-hour report Amends report il	ed on Many / Darby / Yarara
	Full Name of Payee	Date of Public Distribution/Dissemination
		Mam, Lord, Lordan
	Mailing Address	Amount
	City State Zip Code	
	Purpose of Expenditure	Date of Disbursement or Obligation
	Category/ Type	
	Name of Federal Candidate Support Off	fice Sought: House District:
	Oppose	President Senate State:
	Calcinati To a To Bato	sbursement For: Primary General
	Per Election for Office Sought	Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mailing Address	
	Maining Address	Amount
	City State Zip Code	
		Date of Disbursement or Obligation
	Purpose of Expenditure Category/ Type	MAM , [DZD] , [YVYZYY]
	Name of Forders Conditate	المنطب المنط
		ffice Sought: House District:
	Oppose	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	sbursement For:
٢		
	(a) SUBTOTAL of Itemized Independent Expenditures	0000
	(b) SUBTOTAL of Uniternized Independent Expenditures	0000
	(c) TOTAL Independent Expenditures	0000
	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eil party committee) any political party committee or its agent.	made in cooperation, consultation, or concert ther, or (if the reporting entity is not a political
	Bridget S. Murray Date	06 114 12015
Ĺ,	Signature	

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FEDE	RAL OFFICE	F	PAGE OF
(To be used only t	y Political Committees in the Gen	eral Election)	OR LINE 25 OF FORM 3X
NAME OF COMMITTEE (IN FUII) URBAN PROGRETS POLITIC		TTEE	Check if 24-hour notice
coordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee Mailing Address		
	City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expend	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Date	Category/ Type
City State	Zip Code		. T.
Name of Federal Candidate Supported Office Sought	Senate District: Presidential	Amount	
Aggregate General Election Expenditure for this Candidate ▶			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expend	Category/
Malling Address		Date	Туре
City State	Zip Code	M V M / T	/
Name of Federal Candidate Supported Office Sought	House State: Senate District: Presidential	Amount	
Aggregate General Election			
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expen	diture Category/
Mailing Address		Date	Туре
City State	Zip Code	-	() () () () () () () () () ()
Name of Federal Candidate Supported Office Sought Aggregate General Election	House State: Senate District: Presidential	Amount	
Expenditure for this Candidate			
SUBTOTAL of Expenditures This Page (optional)	>	77	0000
TOTAL This Period (last page this line number only)			0000

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
URBAN PROGRESS POLITICAL METION COMMITTEE
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Or If the committee is spending more than 50% federal funds, indicate ratio below Federal

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITICAL ACTION	Committee	
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	TE SUPPORT	
Methods of allocation:		
 FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised. 	od" where the federal pro	portion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public commisfederal and nonfederal candidates, regardless of whether there is a reallocated using a time/space method.	t derived by federal candi- unications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	<u></u> %	<u> </u>
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:		
Fundraising Direct Candidate Support	<u></u> %	%
CHECK IF THE RATIO IS: New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER	EEDEDAL W	NONEEDEDAL 9/
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	<u></u> %	<u>~~~~</u> %
CHECK IF THE RATIO IS:		
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
ACTIVITY IS:	FEDERAL %	NONFEDERAL %
Fundraising Direct Candidate Support	%	%
CHECK IF THE RATIO IS:	70	<u></u>
New Revised Same as Previously Reported		
ACTIVITY OR EVENT IDENTIFIER		
	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support	0/	
CHECK IF THE RATIO IS:	%	[
New Revised Same as Previously Reported		,
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS:	FULL A	
Fundraising Direct Candidate Support	<u></u> %	<u>~~~</u> %
CHECK IF THE RATIO IS: New		

٠.

2015:07:28:05:00014072

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
EOR LINE	182 OF	FORM	2)

AME OF COMMITTEE (IN FUII) URBAN PROGRESS	POLITICAL ACTION CE	Mumittee
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MUM / 0 0 0 / Y V V V V V	
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
1		
ii) Generic Voter Drive		
UD E comma a stratain		
ili) Exempt Activities		
iv) Direct Fundralsing (List Activity or Event Ide	ntifier)	
-3		
a)		
b)		
c) Total Amount Transferred For Direct Fundr	aising	
v) Direct Candidate Support (List Activity or E	vent Identifier)	
a)		
(b)		
c) Total Amount Transferred For Direct Candi	date Support	
vi) Public Communications Referring Only to	Party (Made by PAC)	
<u> </u>	OR BREAKDOWN OF TRANSFER RECEIV	
TOTAL This Period (Administrative)		0000
TOTAL This Period (Generic Voter Drive)		0000
TOTAL This Period (Exempt Activities)		0000
(
TOTAL This Period (Direct Fundraising)		2000
TOTAL This Period (Direct Candidate Support)		0000
,	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TOTAL This Period (Public Communications Referring	Only to Party)	
TOTAL This Period (Total Amount Transferred)		[

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGI	Ē	С	F		
1	FOR	LINE	21a	OF	FORM	3X

_	DEMACRICAL FORMAL ACTIVITY				FOR LINE 21a OF FORM 3X
NA	ME OF COMMITTEE (In Full) URBAN PW6 NETS PC	LITIC	AL ACT	TON CO	Mar 77EE
A.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			<u> </u>	
				Category/ Type	Date Date
	FEDERAL SHARE	+ .	NONFEDERAL		TOTAL AMOUNT
			~15~~~~~**** ~~~~~~~~		
В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt
					Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:			السعسيا	
	•			Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		<u> </u>	_1	<u></u>	
c.	Full Name (Last, First, Middle Initial)		·		Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				Allocated Activity of Everit real-to-bate
•	Activity or Event Identifier:			السمسميا	
				Category/ Type	Date Thomas (Translation)
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			~j\\\\	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	IDTOTAL of Allocated Find and Allocated	A materials - The			The state of the s
S	JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	Activity I his	Page NONFEDERAL	SHARE	= TOTAL AMOUNT
				<u></u>	6000
T	OTAL This Period (last page for each line only)(Federal sha	re to 21/a)(i) and	1 NonFederal ch	are to 21(a)(ii))
• •	FEDERAL SHARE	. Jaconar Bildi	NONFEDERAL		TOTAL AMOUNT
		<u> </u>			

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and Local	Party Committees Only)		PAGE OF FOR LINE 18b OF FORM 3X
NAME OF COMMITTEE (In Full))		1
URBAN PROGRESS F	OUTICAL ACTION	COMMITTE	<u> </u>
NAME OF ACCOUNT	DATE OF RECEIPT		JNT TRANSFERRED
			The state of the s
BREAKDOWN OF THIS TRANSFER i) Voter Registration		EGISTRATION	
Total Amount Transferred for Voter			
ii) Voter ID		VOTER ID	7,
Total Amount Transferred for Voter	ID	<u> </u>	
iii) GOTV	[GOTV	
Total Amount Transferred for GOTV			
iv) Generic Campaign Activity Total Amount Transferred for Gener	io Campaign Activity	GENERIC CAMI	PAIGN ACTIVITY
iolal Amount transferred for Gener	o Campaign Activity	····· [,,,	
NAME OF ACCOUNT	DATE OF RECEIPT		UNT TRANSFERRED
	MUM / DUD / YUYYY		
BREAKDOWN OF THIS TRANSFER	·		
i) Voter Registration	VOTER R	EGISTRATION	
Total Amount Transferred for Voter	Registration	VOTER ID	
ii) Voter ID Total Amount Transferred for Voter	ID.		
		GOTV	السف
ilii) GOTV Total Amount Transferred for GOT\		<u></u>	
iv) Generic Campaign Activity	lance	GENERIC CAM	PAIGN ACTIVITY
	ic Campaign Activity	11	
TOTALS FOR BRI	EAKDOWN OF TRANSFER RECEIVE	/ED (Last Page Only)	
10 miles	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TOTAL This Period (Voter Registration)		, 0000	
TOTAL This Period (Voter ID)		000	70
	<u></u>		<u> </u>
TOTAL This Period (GOTV)	·		0000
TOTAL This Period (Generic Campaign A	ctivity)		, 0000
TOTAL THE DESIGNATION AND A STATE	ofore Descripe to		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
TOTAL This Period (Total Amount of Tran	sters Heceived)		

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	Or-		
FOR LINE	30a OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)					
URBAN PROGRESS POLITICAL ACTION COMMITTEE					
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:				
	Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code					
Purpose of Disbursement	MAMI / LOSOJ / LASASANAJ				
Category/ Type	Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
Lagrana Lagrange					
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:				
	Voter Registration GOTV Voter ID Generic Campaign				
	Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
•					
City State Zip Code					
Purpose of Disbursement	[MAN] / LODO] / LACARACA]				
Category/	Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
Language Language	all languages				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:				
	Voter Registration GOTV Voter ID Generic Campaign				
	Voter ib Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code					
Purpose of Disbursement	[WAW] \ [DAD] \ [AAAAAA]				
Category/ Type	Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
	المتعدد مستعملات المستعملات المستعملات				
SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
	0000				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share	to 30(a)(ii))				
FEDERAL SHARE	TOTAL AMOUNT				
	0000				
LEVIN SHARE					
TOTAL This Period for the Levin Share					
\	الـ ـــــــــــــــــــــــــــــــــــ				

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAM	NAME OF COMMITTEE (IN FUIL) URBAN PROGRESS POLITICAL ACTION COMMITTEE				
NAM	NAME OF ACCOUNT				
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	0000	(
	(b) Unitemized	0000	(), (), (), (), (), (), (), (),		
	(c) Total	, 0000	0000		
2.	OTHER RECEIPTS	,	0000		
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0000	0000		
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
	(a) Voter Registration	, 00.00	00.00		
	(b) Voter ID	00.00	(A)		
	(c) GOTV	, 0000	0000		
•	(d) Generic Campaign		0000		
	(e) Total		00.00		
5.	OTHER DISBURSEMENTS	0000	0.00		
6.	TOTAL DISBURSEMENTS		0000		
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	,0000	0000		
8.	RECEIPTS(from Line 3)	0000	0000		
9.	SUBTOTAL(Add Lines 7 and 8)	6000	0000		
10.	DISBURSEMENTS(From Line 6)	0000	0000		
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	0000	200		
			•		

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

a	2

OF

PAGE

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⊢-		·····	······
\rangle	NAME OF COMMITTEE (IN FUII) URBAN PROBRESS POLITICAL A	CTIMAL COLA	ARACTIFE.
L		OLIUM COM	10-11/ω
Α.	Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt
	Mailing Address		Amount of Each Receipt this Period
	City State	Zip Code	
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		
	Full Name (Last, First, Middle Initial) / Full Organization Name	····	Date of Receipt
В.	Mailing Address		MUM) / DOO / VVVVVV
	.		1 15-h D
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation		Aggregate rear-w-bate
	Full Name (Last, First, Middle Initial) / Full Organization Name	<u> </u>	Date of Receipt
C.			Date of recept
	Mailing Address		Amount of Each Descript this Desired
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer of Principal Place of Business		Aggregate Year-to-Date
	Occupation		
_	Full Name (Last, First, Middle Initial) / Full Organization Name	·	Date of Receipt
D.			MM- / -0-2-0 / -74
	Mailing Address	· · · · · · · · · · · · · · · · · · ·	
	City State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business		Aggregate Year-to-Date
	Occupation	· · · · · · · · · · · · · · · · · · ·	Aggregate rear-trade
S	SUBTOTAL of Receipts This Page (optional)		
F	OTAL This Period (last page this line number only)	•	

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:	PAGE	0	F
(check only one)	4a 4b	4c 4d	5

OF LEVIN FUNDS		4b
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NAME OF COMMITTEE (IN FUII) URBAN PLOGRESS POLI	TICAL ACTION (
Full Name (Last, First, Middle Initial) / Full Organization Na A.	me	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na B.	me	Date of Disbursement
Mailing Address		MILM / DILO / TYPY
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	ime	Date of Disbursement
Mailing Address		W = W \ D = D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	ame	Date of Disbursement
Mailing Address		MUM) / D.D / YYYYYY
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization Na	ame	Date of Disbursement
Mailing Address		[M-M] / [D-D] / [Y-Y-Y-Y-Y]
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)		(0000
TOTAL This Deviced (last none this line number such)		$\Delta \Delta \Delta \Delta$

Walterboro, SC 29488

P.O. Box 257

Urban Progress PAC

Federal Election Commission 999 E Street, NW Washington, DC 20463

Form 3x

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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Hand Delivered	Date of Receipt	
USPS First Class Mail Postmarked 7/14/15	Date of Receipt	
USPS Registered/Certified	Postmarked (R/C)	
USPS Priority Mail	Postmarked	
USPS Priority Mail Express	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Nex	t Business Day Delivery	
Received from House Records & Registration Of	Date of Receipt fice	
Received from Senate Public Records Office Date of Receipt		
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
PREPARER	7/28/15 DATE PREPARED	
(3/2015)		